

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 (REV 10/92)

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CLAIMANT'S NAME

Ronald L. Diedrich

SSAN OR EMPLOYEE NUMBER*

Employee number

DEPARTMENT

Department of General Services

POSITION

Director

CBID

Exempt

DIVISION OR BUREAU

Executive Office

INDEX NUMBER

RESIDENCE ADDRESS

Address on File

HEADQUARTERS ADDRESS

707 Third Street, 8th Floor

TELEPHONE NUMBER

916-376-5012

CITY STATE ZIP CODE
 CA

CITY STATE ZIP CODE
 West Sacramento CA 95605

(1) MONTH/YEAR	(3)	(4)	(5)	MEALS	(6)	(7)	(A)	(B)	(C)	(D)	(8)	(9)
July 2010	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L.T. N.C. RELO. OR DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED SC / PC	CARFARE, TOLLS, PARKING	PRIVATE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME									MILES	AMOUNT	
07/09	7:00	Sacramento to San Diego						PC, A		23	11.50	11.50
07/09	19:15	San Diego to Sacramento						A, PC	9.00	23	11.50	20.50
SUBTOTALS												
			0.00	0.00	0.00	0.00	0.00	0.00	9.00	46.00	23.00	32.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$32.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/09 - Trip to San Diego to meet with OAH staff, to address a personnel matter, to view renovation and to view property adjoining state building.

(12) NORMAL WORK HOURS

8:00 - 5:00

(13) PRIVATE VEHICLE LICENSE NUMBER

3SUA178

(14) MILEAGE RATE CLAIMED

\$0.50

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

07-14-2010

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

7/16/2010

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

(See Item 17 on reverse)